Russell F. Nelms U.S. Bankruptcy Judge

U.S. BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS

# ENTERED

THE DATE OF ENTRY IS ON THE COURTS DOCKET TAWANA C. MARSHALL, CLERK

# IN THE UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF TEXAS FORT WORTH DIVISION

IN RE:	§	Chapter 11
VICTORY MEDICAL CENTER	<b>8</b> § -	CASE NO.: 15-42373-rfn-11
MID-CITIES, LP et al., <sup>2</sup>	§ §	Jointly Administered
	§	-

# ORDER ESTABLISHING PATIENT BAR DATE AND APPROVING FORM OF NOTICE

Upon the Motion, dated November 2, 2015 of Victory Medical Center Mid-Cities, LP ("Mid-Cities"), Victory Medical Center Mid-Cities GP, LLC ("Mid-Cities GP"), Victory Medical Center Landmark, LP ("Landmark") Victory Medical Center Landmark GP, LLC ("Landmark GP"), Victory Medical Center Plano, LP ("Plano"), Victory Medical Center Plano GP, LLC ("Plano GP"), Victory Medical Center Craig Ranch GP, LLC ("Craig Ranch GP, Victory Medical Center Craig Ranch GP, LLC ("Craig Ranch GP"), Victory Medical Center Southcross, LP ("Southcross"), Victory Medical

<sup>&</sup>lt;sup>2</sup>The Debtors in these cases, along with the last four digits of their respective taxpayer ID numbers, are Victory Medical Center Mid-Cities, LP (2023) and Victory Medical Center Mid-Cities GP, LLC (4580), Victory Medical Center Plano, LP (4334), Victory Medical Center Plano GP, LLC (3670), Victory Medical Center Craig Ranch, LP (9340), Victory Medical Center Craig Ranch GP, LLC (2223), Victory Medical Center Landmark, LP (9689), Victory Medical Center Landmark GP, LLC (9597), Victory Parent Company, LLC (3191), Victory Medical Center Southcross, LP (8427), and Victory Medical Center Southcross GP, LLC (3460).

Center Southcross GP, LLC ("Southcross GP"), and Victory Parent Company, LLC ("Victory Parent" or "VPC") (collectively "Debtors") and, as debtors in possession in the above-captioned chapter 11 cases to Establish a Bar Date for the Filing of Proofs of Claims for any and all former PATIENTS of the Debtors, all as more fully described in the Motion; and due and proper notice of the Motion having been provided, and it appearing that no other or further notice need be provided; and the Court having found and determined that the relief sought in the Motion is in the best interests of the Debtors, their estates, creditors, and all parties in interest and that the legal and factual bases set forth in the Motion establish just cause for the relief granted herein; and after due deliberation and sufficient cause appearing therefor, it is ORDERED that:

- 1. The Motion is GRANTED.
- 2. **DECEMBER 21, 2015** (the "Patient Bar Date") is the deadline for all former patients for filing proofs of claim against the Debtors.
- 3. Proofs of claim shall be filed on the form attached hereto as Annex 1. Any former patient of the hospitals operated by the Debtors must file a claim for each Debtor against which they assert a claim.
- 4. Proofs of claim must be delivered to the claims agent, Epiq Bankruptcy Solutions, at the following address:

if by First Class Mail:

Victory Medical Center Mid-Cities, LP, et al. Claims Processing Center, c/o Epiq Bankruptcy Solutions, LLC, P. O . Box 4412, Beaverton, OR 97076-4412

or if by Hand Delivery or Overnight Mail, to

Victory Medical Center Mid-Cities, LP, et al. Claims Processing Center, c/o Epiq Bankruptcy Solutions, LLC, 10300 SW Allen Blvd., Beaverton, OR 97076-4412

- 5. Additional copies of the proof of claim form may be obtained Epiq's website: HTTP://DM.EPIQ11.COM/VPC or by calling 800-794-4430.
- 6. The Debtors are authorized to publish the notice of Patient Bar Date attached hereto as **Annex 2** in the San Antonio Express News, Fort Worth Star-Telegram, Plano Star Courier and the McKinney Courier-Gazette and any other newspapers or periodicals determined by the Debtors to be appropriate under the circumstances.
- 7. The newspaper publication shall occur no later than November 20, 2015.
- 8. The foregoing notice procedure shall be deemed as adequate notice of the Patient Bar Date.

### End of Order ###

# Submitted by:

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# ANNEX 1

# Form Proof of Claim

UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF TEXAS Victory Medical Center Mid-Cities, LP, et al. Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC P.O. Box 4412 Beaverton, OR 97076-4412		PROOF OF CLAIM  COURT USE ONLY		
Name of Debtor:  Cas  NOTE: With the exception of 503(b)(9) claims (see section 6 below to make a claim for an administrative expense that arises after th You may file a request for payment of an administrative expense U.S.C. § 503. You may use this form for § 503(b)(9) claims	se Number; w), do not use this form the bankruptcy filing. e according to 11			
Name and address where notices should be sent:  Telephone number: Email:		Check this box if this claim amends a previously filed claim.  Court Claim Number:  (If known)  Filed on:		
Name and address where payment should be sent (if different from al	bove):	that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.  COURT USE ONLY	5. Amount of Claim Entitled to Priority	
Telephone number: Email:	,		under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.	
reteptione number.			Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	
1. Amount of Claim as of Date Case Filed:  If all or part of the claim is secured, complete item 4.  If all or part of the claim is entitled to priority, complete item 5.  If all or part of the claim qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9), complete item 6.  Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a		☐ Wages, salaries or commissions (up to \$12,475), earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507(a)(4).  ☐ Contributions to an employee benefit plan – 11 U.S.C. § 507(a)(5).		
statement that itemizes interest charges.  2. Basis for Claim: (See instruction #2)			Up to \$2,775 of deposits toward purchase, lease, or rental of property or services for	
3a. Last four digits of any number by which creditor identifies debtor:  3a. Debtor may have scheduled account as: (See instruction #3a) 3b. Uniform Claim Identifier (optional): (See instruction #3b)		personal, family, or household use − 11 U.S.C. § 507(a)(7).  ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).  ☐ Other – Specify applicable paragraph of 11		
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		and other charges, as of time ed in secured claim, if any:	U.S.C. § 507(a)().  Amount entitled to priority:	
Nature of property or right of setoff:  ☐ Real Estate ☐ Motor Vehicle ☐ Other	Basis for perfection:		<b>\$</b>	
Describe:	Amount of Secured Cl	Claim: S		
Value of Property: \$	Amount Unsecured:	\$		
6. Amount of Claim that qualifies as an Administrative Expense	e under 11 U.S.C. §503(1	b)(9): \$ (See	e instruction #6)	
7. Credits: The amount of all payments on this claim has been cred 8. Documents: Attach redacted copies of any documents that supprontracts, judgments, mortgages and security agreements. If the claim security interest are attached. (See instruction #8 and definition of "red DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS if the documents are not available, please explain:	port the claim, such as pro is secured, box 4 has bee edacted".)	omissory notes, purchase orders, invo en completed, and <b>redacted</b> copies of	pices, itemized statements of running accounts,	
9. Signature: (See instruction #9) Check the appropriate box: ☐ I am the creditor. ☐ I am the creditor's authorized agent. (Attached a copy of power of attorney, if any.)	· - ·	See Bankruptcy Rule 3004.) (See Ba		
I declare under penalty of perjury that the information provided in this	claim is true and correct t		e number, and email	
Print Name:	ıre)			
Company: Telephone number:				
Parally for presenting fraudulant claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. 88 152 and 3571				

### INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

#### Items to be completed in Proof of Claim form

Names of Debtors, and Case Numbers:

Fill in the debtor's full name, and the case number. The full list of debtors is provided under the general information section on the Claims Agent's website:

http://dm.epiq11.com/VPC

If your Claim is against multiple Debtors, complete a separate form for each Debtor.

#### Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

#### 1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4, 5, and 6. Check the box if interest or other charges are included in the claim.

#### 2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

#### 3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

#### 3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

#### 3b. Uniform Claim Identifier.

If you use a uniform claims identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases

#### 4. Secured Claim:

Debtor

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

### 5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

# 6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9):

State the value of any goods received by the debtor within 20 days before the date of commencement in which the goods have been sold to the debtor in the ordinary course of the debtor's business.

#### 7. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

#### 8. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

#### 9. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

#### DEFINITIONS

# A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

# **Creditor** A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing. See

11 U.S.C. §101 (10).

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy

filing. See 11 U.S.C. §101 (5). A claim may be secured or

# unsecured. Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing.

## \*\*\*Where to Send Proof of Claim\*\*\*

The creditor must file the form with the Claims Agent for the Victory Medical Center Mid-Cities, LP, et al. case at one of the following addresses:

#### If by First Class Mail:

Victory Medical Center Mid-Cities, LP, et al. Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC

P.O. Box 4412

Beaverton, OR 97076-4412

#### If by Hand Delivery or Overnight Mail:

Victory Medical Center Mid-Cities, LP, et al. Claims Processing Center

c/o Epiq Bankruptcy Solutions, LLC 10300 SW Allen Blvd

Beaverton, OR 97005

#### Secured Claim Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

## **Unsecured Claim**

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

## Claim Entitled to Priority Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

#### Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information.

A creditor should redact and use only the last four digits of any social-security, individual's tax identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth

#### **Evidence of Perfection**

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

#### \_\_\_\_INFORMATION Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the Claims Agent's website (<a href="http://dm.epiq11.com/VPC">http://dm.epiq11.com/VPC</a>) to view your filed proof of claim under "Claims."

#### Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

#### ANNEX 2

#### **Notice of Patient Bar Date**

TO ALL FORMER PATIENTS OF VICTORY MEDICAL CENTER hospitals located at 2301 Marsh Lane, Plano, Texas ("Victory Plano"), 5330 North Loop 1604 W. San Antonio, Texas ("Victory Landmark"), 6045 Alma Rd, McKinney, Texas ("Victory Craig Ranch"), 1612 Town Center, Hurst, Texas ("Victory Mid-Cities"), or 4243 E. Southcross, San Antonio, Texas ("Victory Southcross") (collectively, the "VICTORY HOSPITALS" or "Debtors")

PLEASE TAKE NOTICE THAT on November 5, 2015 the United States Bankruptcy Court for the Northern District of Texas ("Court") established **DECEMBER 21, 2015** as the last day for all persons who were PATIENTS of the Debtors in jointly administered Case No. 15-42373 as the last day to file a written proof of claim ("Patient Bar Date") against any of the VICTORY HOSPITALS. Otherwise, your claim against that entity may be barred.

ANY PATIENT OF THE VICTORY HOSPITALS THAT IS REQUIRED TO FILE A PROOF OF CLAIM IN THESE CASES BUT FAILS TO DO SO IN A TIMELY MANNER SHALL BE FOREVER BARRED, ESTOPPED AND ENJOINED FROM ASSERTING ANY CLAIM AGAINST THE DEBTORS AND SHALL NOT BE PERMITTED TO PARTICIPATE IN ANY DISTRIBUTION IN THE DEBTORS' CHAPTER 11 BANKRUPTCY IF YOU HAVE ANY CASES ON ACCOUNT OF SUCH CLAIM. OUESTIONS OR WOULD LIKE A COPY OF THE BANKRUPTCY COURT ORDER AND PROOF OF CLAIM FORM, CONTACT THE CLAIMS AGENT, EPIQ BANKRUPTCY SOLUTIONS, HTTP://DM.EPIQ11.COM/VPC 800-794-4430. YOUR FAILURE TO ACT TIMELY SIGNIFICANTLY AFFECT YOUR RIGHTS AS A CREDITOR. YOU ARE ENCOURAGED TO CONSULT WITH A QUALIFIED ATTORNEY REGARDING YOUR RIGHTS.